

Research Test Registration Form

GENETests

- Complete one Research Test Registration Form for each research test offered by the laboratory.
- Asterisk (*) indicates item(s) will not be displayed on the Web site.

I. Laboratory Information

Date* _____

Laboratory Director		
Institution		
Person completing this form*		
Phone*	Fax*	Email*

II. Disease Information. When available, use disease name as listed in GeneTests. (Note: Search GeneTests by gene symbol to retrieve disease name; OMIM #s included in disease listing may be helpful for verification.)

Disease Name		OMIM #
Synonyms		
Gene Symbol 1	Gene Symbol 2	
Chromosomal locus 1	Chromosomal locus 2	
Protein Product 1	Protein Product 2	
OMIM #	OMIM #	
(Optional) Contact person* for this test (if other than lab contact) _____ Contact email _____ Contact phone _____		
<i>* If this person is not registered in GeneTests: go to www.genetests.org; log in (Administrative Use); click "View, Add, or Edit Laboratory Information" for this laboratory; add the person under Personnel. Then complete and submit this form.</i>		

III. Brief Description of Research Study (optional)

IV. Citations from this Laboratory Relevant to Research Study (optional). Limit to 3, published in the last 10 years.

Citation PubMed ID# (required) Author(s) Journal	Volume	Page	Year
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Fax, mail, or e-mail completed form to GeneTests

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GT form restestreg / v.4-6-10

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